The Negro Needs

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MAYOR FIORELLO H. LaGUARDIA
(See Editorial)

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Vol. I February, 1936 No. 10

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Negro Needs Society

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A 1 *The education of our people.*
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C *Whereas housing and housing conditions are deplorable and whereas unscrupulous landlords, taking advantage of the congestion which now exists in Harlem, have resorted to the exploitation of our people in the community, a peaceful, intelligent solution is advocated.*
D *Proper representation of our people in State and National legislatures.*

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EDITORIALS

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MAYOR LaGUARDIA AND HARLEM

Public opinion seems to be very much against Mayor LaGuardia's fusion administration these days. If local newspaper editorials and comments gleaned here and there indicate anything, the Mayor "is not in so good a standing in Harlem." Applicants for interneship at Harlem Hospital, it was reported, claimed that they were not given "a fair break" at recently held examinations; Teachers Union is disappointed because the Mayor has not actively responded to a Committee report on education—the result of an investigation of the school system after the Harlem outbreak of last March 19th; and the man on the street, listening to his colleague, makes up his mind before he knows on what it should be made. No one seems to think if he were in Mayor LaGuardia's position, what he would do.

This editorial is not intended to condone the things that Mayor LaGuardia neglected to do for Harlem; rather to commend the achievements of the Mayor to date. Outstanding among those achievements are: The proposed low cost housing project which is to be started soon at 153rd Street and McComb's Place; the development of Colonial Park, on which work has already begun (to include a swimming pool, adult recreation and dance accommodations, playgrounds for the kids, etc.), and the new Harlem Hospital annex recently dedicated by Mr. LaGuardia himself.

It takes time to have things done in a community especially where politics are involved, so we think His Honor ought to be congratulated for what he has done so far rather than be criticized for what he has failed to do.

More power to the Mayor!

NOW THAT WE ARE GROWN

By H. S. McFARLAND

• • •

Now that we are grown we are beginning to realize. Adolescence has given way to manhood, and manhood has brought with it the "cloak of responsibility."

Negroes, the world over, are beginning to realize that in this great drama, "Life", theirs is no unimportant role. As adolescence creeps upon childhood almost unaware, so does maturity steal the flower of youth before our very eyes. Apparently, we would be very happy to go on forever acting the part of Blissful Ignorance, but time journeys on and the world will not permit. Confronted with a situation that is overwhelming—almost unbelievable, Negroes have no alternative but to submit to the mandate of Fate.

With a knowledge of the situation as it stands, thrust upon us in this era, is the monstrous and momentous task of determining the road that future generations of our race must follow—which was determined for us by others of other ages. What a role in this great drama, "Life"! And we cannot evade the part, now that we are grown.

Caught in the net of circumstance, we are forced with our backs to the wall. Our only hope, taking into consideration our unpreparedness, our many failings and our not-so-worthy aptitudes, is to summon Composure, Confidence and Discretion to our midst.

For at the top of the list, rising like a mountain before us, is our first act—eventual determination. It is not only an act; it is a problem that even the giants of the ages too well knew they could not solve. It is our problem—our act.

What shall it be? A Central Negro Empire in Africa, several independent sovereignties (not including those that now exist) or a conglomeration of departmental or interdepartmental states or groups?

We Negroes are compelled to decide at this time the road we must travel, now that we are grown. Is it any wonder that we need the aid of Composure, Confidence and Discretion?

It is generally understood that all Negroes have their roots in Africa—that Africa is their natural if not native home. It is, however, universally known that Negroes are citizens and subjects of almost every nation on the face of the earth. Their destiny of necessity is tied up with the country of their birth or with the land of their adoption—not with Africa for those who did not see the light of day there and who do not choose to make it their home by adoption.

So while sitting at the crossing, pondering which of the many roads leading to eventual determination would be the more suitable for our times, we have about concluded that "A Central Negro Empire in Africa" is taboo.

The greatest (as proved by his success and failure) of our modern advocates of this path was Marcus Garvey. A great orator and resplendent showman, he whipped the people to national frenzy, collected huge sums of money and was preparing for an exodus to Africa when the end came. This "back to Africa" movement, to be a success, must of necessity benefit all Negroes, rather than national groups. To hope for a unified Central Negro Empire in Africa consisting of English, French, Italian, Russian, Chinese and the Lord knows what Negroes, is hoping for a little too much at this time; and a "Central" government of English speaking Negroes (not native born) would not be solving the problem of the whole. And reflectively, I inquire: If it's taking the American and West Indian (English speaking) Negroes so long a time to adjust their differences right here in New York City, how long does one suppose it would require for this Babel of Negroes in Africa to understand themselves?

Several independent sovereignties are incompatible with the idea of co-operation. Today, the ambition of civilization is co-operation—which should be highly regarded even though there are elements that tend to overshadow its goodness and destroy its usefulness. The average human mind enters into co-operation for personal gain; nations for national benefit. But civilization yearns for an ideal. So must Negroes. Co-operation does not mean the submersion of identities or the surrender of prerogatives; rather the aim at, and achievement of, a common goal at the expense of effort equally divided.

As is, Negroes would benefit immensely by working co-operatively with their former masters toward a common goal. American Negroes, West Indian Negroes, Ethiopian Negroes, and every Negro for that matter, should find favor in their respective nationalities and do their utmost to aid in the realization of the objective of civilization. This path—the path of co-operation—seems to be the safest and more productive way to that objective than any of the many which now lie before us.

However, now that we are grown, it is our first task to decide the path to eventual determination. The method of procedure—whatever course is adopted—should be so clear in each Negro's mind that one would know exactly whether to be nationally or racially concerned or both. As is, the Negro is ignorant of his status—he gropes in a darkness that is at once amusing and sympathetic.

The United States of America, linked to the British by blood and tongue, decided that it was to their better interest to be independent of the latter and so declared their independence in 1776. The American Negroes while doing all they can to aid civilization to its objective, should not embrace every racial ache and pain, regardless of nationality, especially when that ache or pain threaten local peace; on the contrary—they should take the initiative in pointing out the way that all Negroes should travel, now that we are grown.

DIABETES

By LUCIEN M. BROWN, M.D.

• • •

Diabetes is a disease found relatively common among civilized people the world over. It has been estimated that in the United States alone, there are about a million and a half diabetics. Diabetes is not a germ disease, but a functional impairment of the pancreas, an organ which has to do with the burning of the sugar and starches in the body. The characteristic symptoms of diabetes are excessive thirst, passage of large amounts of urine, a ravenous appetite, boils, excess weight followed by an alarming loss of weight if the disease be allowed to go on untreated. The presence of sugar in the urine usually confirms the diagnosis. It might be mentioned that a large percentage of the mild cases are discovered in a routine examination of the urine of patients suffering from some other complaint.

It might be well to call to your attention at this point, that the mere presence of sugar in the urine is not necessarily proof of diabetes. There is a condition not very commonly seen, in which there is sugar in the urine, but no increase in the blood or symptoms referable to diabetes. Food has little or no effect on these cases. The cause of this condition is not in the pancreas, but in the kindney and vital centers in the body. If there be any doubt as to the true cause for sugar in a given specimen, a simple sugar tolerance test on the individual will definitely determine the case.

In order that intelligent cooperation may be encouraged in the prevention and treatment of diabetes, it would be well to consider briefly the mechanism by which the various foods maintain the needs of the body. The three essential elements are carbohydrate, protein, and fat. The carbohydrate of the diet is taken in the form of starch, such as potatoes, bread and vegetables, and as sugar. The source of protein is largely meat and eggs, whereas fat is derived from butter, cream, bacon oil and meat. Each element has its separate function in the body. Carbohydrate is transformed very readily to produce energy, and in addition is probably the most important factor in the disposition of fat in the body. Protein is important primarily in that it builds and repairs body tissue. Fat is a more concentrated source of energy than either carbohydrate or protein, but it is not readily made available. In reality fat in the healthy body becomes a potential source of energy to be used in time of need.

It can easily be seen that any disturbance in the "digestion" of carbohydrate must necessarily affect the fat. It is important to bear this in mind, for it is upon this faulty "digestion" of fat that most serious symptoms of diabetes arise, namely coma. "Undigested" fat in the body produces certain acid products which if present in sufficient quantity will produce loss of consciousness and death.

Diabetes in children under one year is infrequent, but the problem of the diabetic child who constitute about eight percent of all diabetics, is one of major importance. Though the duration of life for a diabetic child has been markedly prolonged by the use of insulin, the severity of nearly all these cases, together with the special demands of the tissues of a growing child, plus the ease with which they go into acidosis makes them cases to be treated with the utmost care.

Since diabetes is a disease of faulty "burning" of carbohydrate, and that these starches and sugar alike when taken into the body are soon converted into one kind of sugar which is circulating in the blood in excess, the various symptoms associated with the disease can to a large measure be explained. The first symptom noticed is the passage of large amounts of urine. Fluid must be drawn from the tissues of the body to dilute the excess of sugar so that the kidneys can eliminate it. Excessive drinking of water will next follow to replace that drawn from the tissues, and to keep the process going. Loss of strength comes next for the reason that the sugar which should go to make energy is being thrown out of the body. The situation soon arises where the body is starving in the presence of excessive food which it is unable to use, hence the "large" appetite. Other common complications as itching of the skin, ulcers, boils, disturbance of vision, numbness and pain in the hands and feet, are for the most part due to changes in the blood vessels and nerves.

Among the diseases with which diabetes is often associated, tuberculosis is worthy of mention. What more fertile field could the tubercle bacillus desire, than a body impaired by the ravages of diabetes? It has been said that formerly tuberculosis was the cause of about fifty percent of the deaths of diabetic patients. Here again it must be mentioned that the generalized use of insulin has produced such good results, that many authorities claim no higher incidence of tuberculosis in diabetics than in non diabetics. In spite of this very optimistic outlook, it would be well for all diabetics to have periodic examinations of the chest, for the reason that tuberculosis takes a more rapid course once it invades the lung of one suffering from diabetes.

Fortunately, diabetes being a functional disease there are varying degrees of severity depending upon the amount of disfunction of the pancreas which gives off the substance for the proper "digestion" of carbohydrate. It is important therefore to determine as far as possible in every case just how much carbohydrate a particular patient can tolerate without having an excess of sugar in the blood, and sugar in the urine. The popular custom of taking any specimen of urine to the neighborhood druggist for analysis is not to be recommended. There

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DIABETES

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are various factors which influence the content of a specimen, as its relationship to the time of the intake of food, the amount and kind of food, exercise, and individual tissue characteristics. If the urine is to be tested particularly for sugar, a specimen taken two hours after a normal meal should be valuable, but by far the most reliable specimen is one collected over a period of twenty four hours, as from seven o'clock one morning to seven o'clock the next. The next very important step is a determination of the amount of sugar in the blood. This is best taken on a fasting stomach usually before breakfast. No treatment of a diabetic should be sustained until these tests have been carefully made.

It might be said in the consideration of treatment in diabetes, that there is no other disease where the confidence and cooperation of the patient is so absolutely necessary. Many patients insist on getting medicines, when it should be clearly established that diet and insulin are the only effective and scientific measures available at this time for the treatment of the disease. As in the days before insulin, diet is the foundation upon which all treatment must be based. In all uncomplicated cases, the object is to determine how much carbohydrate the patrticular patient can take care of without a spill over in the urine. This amount on the other hand must be sufficient for the patient's needs in other words they must maintain normal weight and be free of symptoms.

Very often failure results from this dietary regime merely because the patient is overwhelmed and disheartened by the apparently difficult task of weighing or measuring specific articles of food. With a little patience, the whole procedure would become simple and routine as it has for thousands of those who suffer from the disease. The diet slips used by private physicians and clinics are calculated for that particular patient's needs. Any addition to it of a slice of bread, a piece of candy or any other article of food will only tend to mislead the physician in charge of the case with the ultimate result of the patient himself being the sufferer. It might be well to remember that a little more than half the protein we eat in the form of meats is converted into sugar in the body, so that the necessary allowance must be made for meats in the diet.

Another source of danger to the diabetic is the false sense of security which he enjoys in the wholesale consumption of some of the so called diabetic foods. Many of these products contain considerable carbohydrate in spite of the sales talk and literature which go along with them. There are however reputable diabetic foods which may be used on the advice of a physician.

All moderate cases of diabetes under control should be advised to take some physical exercise. While this was considered a means of increasing one's tolerance for carbohydrate, and a reduction in the amount of insulin used, recent experiments have shown that these effects are not permanent. It has been observed that patients who take exercise feel better and are in much better physical condition.

The use of insulin seems to be unduly perplexing to many people. Insulin is a substance discovered from the pancreas in 1921 by Banting, it has been the means of not only saving thousands of lives, but provides for thousands of diabetics all over the world, a life of well being and usefulness. Unfortunately this extract is inactive when taken by mouth, and must be injected under skin. Here comes the big bugaboo for so many patients. Insulin is needed only in those cases which cannot carry on and be sugar free with the diet required for their needs. The amount and frequency of these injections will depend on the severity of the case. It isn't necessary to have a doctor or nurse give these injections; one can easily be taught to inject one's self, or some other member of the family can do it. Many products for the treatment of diabetes by way of the stomach are widely advertised and used on the basis of the timidity of many diabetics towards the use of a needle. None of these preparations up to date can be substituted for insulin, but they constitute a source of great danger to a severe diabetic who may develop to the stage of coma by the false sense of assurance which many of the these advertisements convey.

Just as patients who need insulin may be very easily instructed to do so; the examination of the urine for sugar may also be done by them. By this measure a diabetic will soon learn the importance of following out to the letter instructions given to him, as any attempt to stray away from the prescribed diet or insulin will register in the test tube. There are some unsatisfactory features about giving a patient who has just begun treatment the responsibility of these tests. Some will get the idea that they know all about diabetes and remain away from the doctor until some serious complication sets in. The most successfully treated cases on record are those which keep in constant touch with their physicians.

All patients who require insulin must be instructed regarding the symptoms and treatment of insulin shock. These symptoms are well known and result from too little sugar in the blood either from too much insulin or too little food while taking insulin. The eating of a piece of candy or sugar will usually cause immediate disappearance of these symptoms. It can be observed how necessary it must be to take the required amount of food with the prescribed amount of insulin.

Infection and coma are two conditions which every diabetic must avoid. They often follow in the order named. Every minor injury, cut or infection in a diabetic must be considered serious and treated with great care. The cutting of corns, pricking pimples, and meddling in any way with infected parts of the body are dangerous for diabetics. Consult your doctor at once about any infection or injury no matter how trivial. There is hardly an excuse for any one going into coma with the use of insulin at our command. In most instances today coma comes as the result of carelessness on the part of the patient. Every coma case belongs in a hospital just as soon as possible, and no time should be lost deliberating upon the merits of any institution or the personal likes or dislikes of other members of the family.

The advent of insulin has revolutionized surgical procedures in diabetics, and has reclaimed from the grave as it were, many cases of coma which now need never occur.

Much can be done by way of prevention in diabetics, and in as much as over weight which is often associated with over indulgence in carbohydrate food is the precursor of diabetes, keeping the weight within normal limits should be recommended to everyone and in particular those having a history of diabetes in the family.

If the public would justify the intensive public health program of our day, it must lend its wholehearted support in reducing the mortality and morbidity rates not only in diabetes, but in every other disease.

THE BALLOT AND THE AMERICAN NEGRO

At a meeting of the National Association for the Advancement of Colored People held in the Metropolitan Baptist Church on Sunday January 12th, Mr. Walter White, Secretary of the Association, told a gathering of approximately 1,500 people that the ballot held out to the American Negro great opportunities —opportunities which will solve national and racial problems. The speaker urged that party lines be forgotten where general benefits may be gained, as for instance, mass sponsorship of anti-lynching measures and equal educational facilities.

ANNUAL MEETING OF NATIONAL URBAN LEAGUE

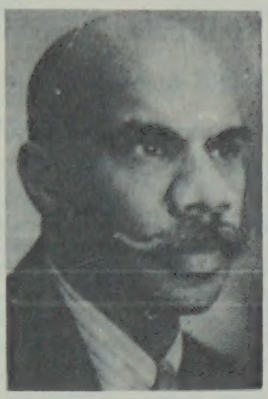
On February 5th, the National Urban League will meet in Executive session at its office, 1133 Broadway, New York City. At that time the activities and accomplishments of the League for the past year will be presented in a report and plans for the coming year discussed.

In view of unusual anniversary celebrations that have been held all over the country, this meeting is rather significant and is expected to be productive of much good.

MILLS IN RACE FOR LEADERSHIP OF 19 A.D.

Austin A. Mills, President of the Mills Citizens Voters League, is in the race for the Democratic leadership of the 19th A.D. Reputedly sponsored by Langdon Post, Commissioner of Tenement House and by Maurice Davidson, Commissioner of Water Supply and Gas, John McCollough, campaign manager of Mills, declared that the League was out to elect Mills.

Mr. Mills stated that the 19th A.D. "must have a colored leader." For that reason, urged by the County Committee and many friends and well-wishers, he entered the race. His program includes strengthening of the Party voting machine and the formation of boys' and girls' clubs for the promotion of an "educational program."



CHARLES A. PETIONI, M.D.

Doctor Petioni, long a physician in this community, is also a liberal writer and foe of independability. His views on the subject (EDUCATION, January, 1936) brings to the fore the Negro's vulnerability. When the Doctor is not busy at his profession or at his typewriter which is very rare, one finds him a most congenial conversationalist — clear, well modulated voice which never fails to send you away thinking. Beside his many tasks, Doctor Petioni still manages to hold the office of Vice-President of the Caribbean Union.

ANDREW C. DICKERSON

Mr. Dickerson, member of the Board of Directors of Negro Needs Society, is a young baritone. Tutored by prominent local talents, he has decided that after making an extended tour thru the South this Spring, he will pursue a higher course in dramatic singing on his return to New York. His favorite actor is Paul Robeson whom he hopes to emulate.

THE WILL

By H. S. McFARLAND

Alone one evening as I walked,
As I was wont to do,
Along the foot paths of a park,
A scene came into view

'Twas not the kind you would expect
Upon the grassy green,
Men and women as you and I –
It was a mental scene:

A long white road with streams of dust,
White dust and germs and leaves,
Chased by the winds of every cloud
As tho they were all thieves.

And thru that tumult, fury-torn,
One stepped unsteadily,
Half-choked and coughing and in pain
And sinking to his knee.

Thus, in that trance, my soul went forth
To lend my sympathy:
"Where goest thou?" said I, "Alas!
This is no place for Thee!"

"To yonder lea, my friend," said he,
And I was stunned to hear:
"'A tempest in a teapot' this—
Of it, I have no fear."

HOW MUST IT BE?

By H. S. McFARLAND

How must it be
With those who see
Their ideals
Perish
At eventide?

Ideals born
Of youth's bright morn
When High Hopes
Cherish
A growing pride!

How must it be
When Hope is dead
And one is but
An empty shed?

GREAT NEGRO TRAGEDIANS

ARTHUR A. SCHOMBURG

Curator, New York Public Library (135th Street Branch)

• • •

It is timely at this moment of the year to draw a sketch of three characters worthy of public presentation in the field of histrionic talent. We recall some of the persons whose struggles are meritorious of remembrance for their painstaking efforts, during the dark days when they gradually and persistently climbed the heights by slow and tedious steps.

Charles Mathews, the celebrated English actor, visited New York during the year 1824 and stopped at the then fashionable Bradish Boarding House. It was not long after his arrival that he was induced to visit the Negro's Theatre of New York City. There he saw for the first time the black tragedian perform in the character of Hamlet and was entertained with the soliloquy 'To be or not to be'! It was at this show place that he heard Ira Aldridge sing his famous 'Opposum up a Gum tree' and some of his other songs. We arrive at this opinion from an arbitrary field of reasoning. There was no other then known, who sang the 'Opposum up a Gum tree' but Ira Aldridge in America and later, in England. No data to the contrary has been produced. We further rest our claim on the large number of play-bills we have examined that sustain this contention. The players in the Negro Theatre had banded themselves and were called the African Company. The inly controversy that has been raised is when the Theatre that carried on in this city in the rear of the 1-mile stone was opened. It is plausible to believe it began around the year 1821-2, but little is known so far concerning the date. So far we have an hiatus up to the day that Mathews attended the play. Lawrence Hutton says 'The historians know nothing of the theatre they occupied.'

There are two schools of thought regarding the birthplace of Ira Aldridge; one claims he was born in Bel Air, Maryland in 1804 and the other in New York City in Chapel Street, now known as West Broadway, on July 24, 1807.

We know of two fellow students, Doctor James McCune Smith and Rev. Alexander Crummell who knew Ira Aldridge very well, in fact, they were play and school mates. They have left tangible evidence of his birthplace as New York City, which is now confirmed by an investigation of his sworn statement in his petition for naturalization as an English subject, wherein it is fully attested that he was born in New York City on July 24, 1807. This will put at end any material doubt on the subject.

Aldridge attended the African School in Mulberry Street then directed by Charles C. Andrews. To this day persons have confused him with his elder brother Joshua who it is told followed the sea. Their father was a straw vendor who chanted his wares on the streets of New York as he tended his vehicle towards his customers. His grand father who was brought from Africa lived in Maryland. At that time there existed Brown's Theatre which was well patronized by the people of the city.

Ira Aldridge was barber and hair dresser to the theatre folks. In this capacity he became known to Wallack, whom it is claimed brought him to England sometime during early 1825. Once in London he found the opportunity he had been seeking. For more than thirty-six years he labored on the many stages of the United Kingdom. He carried on splendidly as shown in his repertoire of more than thirty plays among which were Hamlet, Richard III, Merchant of Venice, Othello, the Slave, Titus Andronicus and many others. It was not by accident but by his unselfish devotion and constant application to the field of the classical drama that he achieved the fame as a dramatic genius. It is curious to read that Mathews acclaimed him the 'Kentucky Roscius' and that name changed while in England to F. E. Keene and later to African Roscius which has remained with him to these days. He played with Charles Kean, Jr., but no play bills are known showing him to have played with Edmund Kean.

The eminent philosopher Moncure D. Conway says that in 1834 Aldridge was claimed by a London critic that he lacked the fire of genius. In 1858 surmounting all barriers, blasting all obstacles, he rose to eminence and fame, having been acclaimed the first living tragedian in the world. At that time there was not a single tragedian in this hemisphere who was attracting so much attention as the Negro actor Ira Aldridge. In Russia he was king of the drama; in New York had he remained he might have been reduced to slavery.

The next appearance in the life of an American Negro on the English stage was Morgan Smith a native Philadelphian who worked in and out of season to make a mark in the circle of success. Not finding an opportunity in his home town he turned to Boston, where a friendly actor guided and helped him in his quest. Every stage door in Boston, New York and Philadelphia was securely closed to Smith. When he found it was impossible to gain admission to the stage, he departed for England where soon after his arrival, the management of a little theatre in Gravesend gave him a month's engagement. His first venture was in Othello, which he rendered without an instant's loss of the thread and feeling of the play, the interest

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GREAT NEGRO TRAGEDIANS

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increasing steadily to the end. For a month he portrayed successfully the well-known parts of Richard III, Macbeth, Hamlet, Shylock, Othello—twenty-one nights in all. One of Mr. Conway's friend was curious to see what this American Negro was doing with the works of Shakespeare. So he was determined to go down to Gravesend, which is near the mouth of the Thames River. Here seated in the pit of the little theatre he waited to see the appearance of the American Negro. He found himself borne along on great waves of feeling and motion, as he had rarely been in his life, from the moment that Morgan Smith came out in the role of Richard III.

It was through this friend that Moncure D. Conway came to know Morgan Smith. He found the actor a remarkable handsome man of thirty years of age, of a deep brown color, singularly strong lines of face, and an expression full of dignity, animation and power. His voice was clear, rich, resonant, perfectly modulated and capable of uttering the widest range of emotions, from tenderness and pathos, to terror and rage. He had never seen an eye since he saw Rachel's—a magazine of the weapons of passion. The forecast was that Morgan Smith would enjoy a position on the London stage as eminent as that of Ira Aldridge on the continental stage. And, it came to pass; no other American Negro on the British stage to this day, has been able to put on the mantle of Othello, the call for a horse for a kingdom as in Richard III, to use the inflexible steel sword of Macbeth, and to exact the pound of flesh as in the role of Sylock as did Ira Aldridge and Moran Smith. If there has been any other American Negro, let us have his name.

The third tragedian, almost forgotten these money making days, is J. A. Arneaux who followed in the footsteps of the American Roscius, but remained to this day local to our Metropolitan city. He carefully prepared himself for his vocation. Entering the Academy of Belles-Lettres in Paris, Arneaux appeared in the character of Iago at the Brooklyn Athenaenum on June 17, 1884. The New York Daily News of that day said, 'His interpretation of the character was the best.' Soon afterwards he played Richard III in the Lexington Avenue Opera House. The editor of a Baltimore, Maryland paper said, 'We have seen him in the difficult role of the Duke of Glouster, also seen Macready Booth and Barrett in the same character, and we are free to say that Mr. Arneaux's conception of the character, his superb management of the part he assumed were perfect.' The New York Clipper went so far to say, 'Mr. Arneaux is the rising star of the race.'

We have given a brief notation on the life accomplishments of three American Negroes, who have given ample proof of their talents. Aldridge and Smith, before a critical British theatrical going people well versed in the classical lore of Shakespeare and Arneaux before the Metropolitan public. They did their work to the manner born! Arneaux did not step on the boards of any foreign stage but he made a trial. Let no one tell you that your race lacks historical background but point with pride to these histrionic artists. Pay homage to their inspiring sacrifices. They made the road easier for us to follow and mention their names as being engraved in the scroll of the Goddess Melpomene, stars of the first magnitude, resplendent in their individual achievements worthy of our emulation.

COMMON ERRORS IN WRITING AND SPEAKING

There are many popular errors in writing and speaking our language. It may be well to notice some of them here.

Instead of, "No one hasn't called," say, "No one has called."

Two negatives make an affirmative. Thus, to say, "Don't give that child no more sugar," is equivalent to saying, "Give that child some more sugar."

Instead of saying, "I won't never do it again," say "I will never do it again."

Instead of, "I am conversant about it," say, "I am conversant with it."

Instead of, "He died by consumption," say, "He died of consumption."

Instead of, "The effort I am making for arranging this matter," say, "The effort I am making to arrange this matter."

Instead of saying, "Your obedient humble servant," say, "Your obedient servant."

Instead of "You are taller than me," say, "You are taller than I."

Instead of, "You are mistaken," say, "You mistake."

Instead of, "I suspect the veracity of his story," say, "I doubt the truth of his story."

Instead of, "He was too young to have suffered much," say, "He was too young to suffer much."

Instead of, "I hope you'll think nothing on it," say, "I hope you'll think nothing of it."

Instead of, "His opinions are approved of by all," say, "His opinions are approved by all."

Instead of, "Handsome is as handsome does," say, "Handsome is who handsome does."

Instead of, "In case I succeed," say, "If I succeed."

Instead of, "They loved one another," say, "They loved each other."

Instead of, "The cake is all eat up," say, "The cake is eaten."

Instead of, "The river is all froze up," say, "The river is frozen."

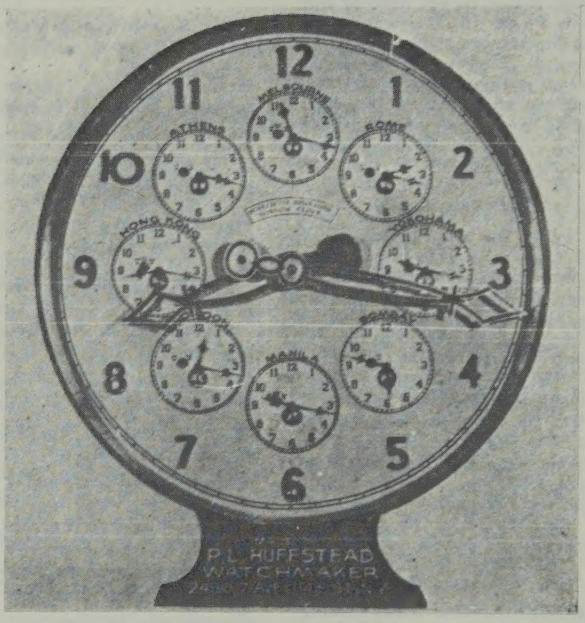
Instead of, "A large enough house," say, "A house large enough."

Instead of, "We are travelling slow," say, "We are travelling slowly."

Instead of, "It is raining hard," say, "It is raining fast."

Instead of saying, "The box fell on the floor," say, "The box fell to the floor."

Instead of saying, "He is noways to blame," say, "He is nowise to blame."



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